

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FO [REDACTED] WITH FORM PTO-875)

SERIAL NO.

10/ 525373

FILING DATE

APPLI [REDACTED]

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 6 | | 5 | | | | |
| 7 | | 0 | | | | |
| 8 | | 0 | | | | |
| 9 | | 0 | | | | |
| 10 | | 0 | | | | |
| 11 | | 0 | | | | |
| 12 | | 0 | | | | |
| 13 | | 0 | | | | |
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| 15 | | 0 | | | | |
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| TOTAL DEP. | 18 | ← | | ← | | ← |
| TOTAL CLAIMS | 21 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |